

WISCONSIN EPI EXPRESS

July 9, 2004

[Wisconsin Department of Health & Family Services](#)
Division of Public Health
Bureau of Communicable Diseases and
Preparedness

"Surveillance provides information for action." [World Health Organization](#)

The WISCONSIN EPI EXPRESS provides a regular update on communicable disease issues of importance in our state and is intended primarily for participants in the public health surveillance system. Please let us know if the topics covered are on target or if there are others that we should be addressing. Thank you. Herb Bostrom: bostrhh@dhfs.state.wi.us

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1. ADDITIONS TO THE DHFS HEPATITIS C WEB SITE:

http://dhfs.wisconsin.gov/dph_bcd/hepatitis/

The 2003 Wisconsin Hepatitis C Surveillance Summary and a link to a resolution on hepatitis C that was passed at the 5/19/04 Annual Business Meeting of the Wisconsin Public Health Association (WPHA) have been added to the DHFS Hepatitis C web site.

The surveillance summary presents 2003 hepatitis C morbidity data by gender, age, race and county. Look for these data under "Statistics."

The resolution on Hepatitis C encourages health care providers to routinely question patients regarding risk factors for hepatitis C and to counsel, test and evaluate those with such risk factors. Look for the resolution via a link to the WPHA web site under "What's New?"

If you have any questions about the web page, please contact Margorie Hurie at huriemb@dhfs.state.wi.us or 608-266-5819.

2. EXTRA HEPATITIS RESOURCES FOR CLINICIANS PACKETS AVAILABLE

A few *Hepatitis Resources for Clinicians* packets are available on a first come, first served basis (maximum of 5 per order). The extra packets contain all of the original materials but have been stuffed into plain folders.

In Spring 2004, the Bureau of Communicable Diseases sent a mailing on hepatitis to Wisconsin Primary Care Providers (internists, family physicians, advanced practice nurse prescribers and physician assistants) on hepatitis. Local Health Departments, Tribal Health Clinics, Methadone Maintenance Providers and AIDS Service Organizations also received this mailing.

Included in the packets are:

- Samples of patient education materials on hepatitis A, B and C;
- Information on the Wisconsin Immunization Registry;
- The 2004 Adult Immunization Schedule that has been approved by the Advisory Committee on Immunization Practices;
- Guidelines for interpreting hepatitis B and C serologic test results;
- 2003 hepatitis A, B and C surveillance summaries; and
- Hepatitis A, B and C reporting requirements and the Wisconsin Acute and Communicable Disease Case Report form.

This mailing is one of several activities included in the *Wisconsin Hepatitis Strategic Plan* to inform health care providers about hepatitis resources and prevention and detection recommendations.

If interested, please contact Marjorie Hurie at huriemb@dhfs.state.wi.us or 608-266-5819.

3. RABIES VACCINE SHORTAGE

The Division of Public Health has recently received several calls about the inability of providers to obtain the human diploid cell rabies vaccine (Imovax®, Aventis-Pasteur). It is true that there is a national shortage of this product, due to a recall of several lots of the vaccine in April of 2004.

Readers should be aware that there is another vaccine approved for use in human postexposure rabies prophylaxis called RabAvert™. This is a purified chick embryo cell vaccine manufactured by Chiron. The CDC has been assured by Chiron that an adequate supply of RabAvert exists to meet national demand. We have contacted Chiron on July 1, 2004, and were told that the vaccine is in stock and can be drop-shipped for rapid delivery upon request.

According to the Advisory Committee on Immunization Practices, Imovax and RabAvert may be used interchangeably and both use an identical vaccination schedule for postexposure prophylaxis in persons who have not been previously vaccinated (1 ml in the deltoid on days 0, 3, 7, 14, and 28). RabAvert may also be used for preexposure vaccination on the same schedule as Imovax (1 ml in the deltoid on days 0, 7, and 21 or 28). [Centers for Disease Control and Prevention. Human rabies prevention – United States, 1999: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1999;48(No.RR-1)]

Please advise any interested providers that RabAvert remains available. If their usual drug distributors do not have the product, it can be ordered directly from the manufacturer at 1-800-CHIRON8.

For more information, contact Jim Kazmierczak 608) 266-2154 or kazmijj@dhfs.state.wi.us

4. GENERAL INDUSTRY RESPIRATORY PROTECTION STANDARD NOW APPLIES TO WORKERS EXPOSED TO TB

On December 31, 2003 the Occupational Safety and Health Administration ([OSHA](http://www.osha-slc.gov)) withdrew its 1997 proposal on tuberculosis and revoked the respiratory protection standard for workers with potential for exposure to TB. Because workers exposed to TB wear respirators, this action meant that the [General Industry Respiratory Protection Standard \(1910.134\)](http://www.osha-slc.gov) would now be applied to this group. The respiratory protection standard was originally designed for general

industry, shipyards, marine terminals, longshoring, and construction. OSHA delayed enforcing several provisions of the respiratory protection standard for health care until July 1, 2004 to give health care facilities a chance to come into compliance.

Most health care facilities have used CDC's "Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care facilities, 1994" [\[MMWR 1994; 43 \(No. RR-13\)\]](#) and the "Guidelines for environmental infection control in health-care facilities: recommendations of CDC and the Health care Infection Control Practices Advisory Committee (HICPAC) [\[MMWR 2003; 52 \(No. RR-10\)\]](#) to provide worker protection against tuberculosis. To meet the requirements of 1910.134, employers will need to revise their respiratory protection program, conduct annual respiratory fit testing, and perform a more extensive medical evaluation and annual training for employees using respirators.

The CDC rates administrative controls, rapid identification of individuals suspected of having tuberculosis and prompt airborne isolation of those individuals, as the most effective method of preventing worker exposure to TB. Recent publication of results from studies conducted by the National Institute of Occupational Safety and Health ([NIOSH](#)) suggest that inherent fit characteristics of well-designed respirators may be more important than fit-testing in predicting adequate worker protection.

CDC is convening a meeting of key stakeholders this fall, to address respiratory protection issues in the health care setting for occupational exposure to patients with TB disease and other potentially infectious agents. The controversy surrounding the applicability of the respiratory protection standard to health care and the outcome of the meeting may lead to changes in enforcement. However, the planned meeting does not delay the employer responsibility of employee protection.

For more information about respiratory protection, call the TB Program at (608) 266-9692 or Terry Moen (608) 266-8579.

5. HAND FOOT AND MOUTH DISEASE (HFMD) AMONG CHILDREN IN DAYCARE CENTERS

The Bureau of Communicable Diseases and Preparedness has been notified of numerous cases of hand foot and mouth disease (HFMD) among children in daycare centers.

HFMD is common among infants and children. It is caused by an enterovirus, usually a coxsackie virus, and characterized by fever, sores in the mouth, and a rash with blisters. HFMD begins with a mild fever, poor appetite, malaise ("feeling sick"), and frequently a sore throat. One or 2 days after the fever begins, sores develop in the mouth. They begin as small red spots that blister and then often become ulcers. They are usually located on the tongue, gums, and inside of the cheeks. The skin rash develops over 1 to 2 days with flat or raised red spots, some with blisters. The rash does not itch, and it is usually located on the palms of the hands and soles of the feet.

HFMD infection is spread from person to person by direct contact with nose and throat discharges or the stool of infected persons. Enteroviruses are shed in the stool of infected for several weeks after onset of signs and symptoms and can live for prolonged periods in the environment.

The incubation period of HFMD ranges from 3 to 6 days and a person is most contagious during their first week of the illness. HFMD usually resolves in 7 to 10 days without medical treatment.

The BCDP recommends that children with HFMD be excluded from day care centers and may return when the fever has ceased and the blisters begin to heal.

Peak activity for enteroviruses ranges from late August to September.

For more information, please contact Tom Haupt at 608-266-5326 or hauptte@dhfs.state.wi.us

6. COMMUNICABLE DISEASES WEB PAGE LAUNCHED

The Communicable Disease Epidemiology Section has developed a Communicable Diseases web page that consolidates and expands its communicable disease information resources on the Department of Health and Family Services website. The web page includes useful information such as communicable disease fact sheets, listings of reportable communicable diseases, resources for consumers, a wide variety of resource information for health care providers, links to other related information resources, and important contact information. The site is still under development and we welcome your comments so we may continue to improve the usefulness of the site. View the Communicable Diseases web page at http://dhfs.wisconsin.gov/dph_bcd/Communicable/index.htm.

If you have questions about the web page, or you have suggestions on how to improve its content or user-friendliness, please contact Mark Wegner at (608) 266-0749 or wegnemv@dhfs.state.wi.us

7. DIVISION OF PUBLIC HEALTH LAUNCHES REFUGEE HEALTH WEB PAGES

Information about DPH Refugee Health resources is now on the web. The URL is <http://dhfs.wisconsin.gov/international/refugee> and details will be updated frequently. Those involved in the current Hmong refugee resettlement may find the posted information helpful.

The Division of Public Health's Refugee Health activities foster utilization of statewide resources available to local public health and private providers serving refugees. Housed within the TB Program, Savitri Tsering is the DPH contact person for refugee health coordination. In addition to linking providers to appropriate health resources, she is the liaison with the Department of Workforce Development's Refugee Services.

If you have questions about refugee health screening or health concerns, or you have suggestions for the web, please contact Savitri Tsering at (608) 267-3733 or tserisj@dhfs.state.wi.us

8. SURVEILLANCE FOR AVIAN INFLUENZA AMONG HMONG REFUGEES

Beginning in July, an estimated 3000 Hmong refugees from Thailand will begin to arrive in Wisconsin. Avian influenza has been circulating among poultry flocks in Thailand since the beginning of the year. So far this year 12 human cases of avian influenza, including eight fatalities have been identified in Thailand.

The type A (H5N1) strain of influenza identified in Thailand is a new (novel) virus that has not previously been known to infect humans. Such viruses have been associated with the emergence of an influenza pandemic that could quickly spread throughout the world.

In February 2004, in response to the identification of human cases of avian influenza in Thailand and Southeast Asia, the Wisconsin Division of Public Health initiated "Enhanced Surveillance for Influenza." The Wisconsin Division of Public Health and the Wisconsin State Laboratory of Hygiene (WSLH) are requesting that health care providers collect specimens (throat or nasopharyngeal) from any patient that meets the following criteria:

- The patient presents with signs and symptoms characteristic of influenza (fever, cough or sore throat, myalgia).
- The patient has returned from Thailand, Vietnam, South Korea or Japan within 10 days prior to the onset of signs and symptoms.

Specimens from ill patients that have returned from other southeastern Asian countries who meet the above criteria will also be considered for testing. The specimens will be tested at the WSLH at no charge.

Please be aware that we are not recommending routine throat swabs be collected from each Hmong refugee unless they meet the above criteria.

The following page is the WSLH "Enhanced Influenza Monitoring" laboratory requisition form. This form must be completed and submitted with specimens sent to the WSLH. Please notify the Division of Public Health at (608) 266-5326, before specimens are submitted.

For more information, please contact Tom Haupt at 608-266-5326 or hauptte@dhfs.state.wi.us

Telephone Reporting of Unusual Disease Occurrences

Occurrences of diseases that are uncommon or atypical in Wisconsin, and outbreaks or clusters of disease which are identified, should be reported by phone as soon as possible, to (608) 258-0099. Reports may be made to this number on a 24/7 basis, but please do not use it for normal and routine disease reporting

To be added to or removed from the distribution list contact:

Cindy Paulson: paulscl@dhfs.state.wi.us (608) 267-9003

To comment on topics in this issue:

Michael Pfrang: pfranmm@dhfs.state.wi.us (608) 266-7550

YOU MUST CONTACT THE WISCONSIN DIVISION OF PUBLIC HEALTH OR THE WISCONSIN STATE LABORATORY OF HYGIENE PRIOR TO SPECIMEN SUBMISSION FOR FEE EXEMPT TRANSPORT & TESTING.

FORM MUST BE COMPLETED, INCLUDING PATIENT SYMPTOMS AND TRAVEL & VACCINATION HISTORY.

Patient Information		Submitter Information	
Name (Last, First):		(WSLH Agency Number If Known)	
Address:		(Agency Name)	
City:	State: Zip:	(Agency Address)	
Date of Birth:	Gender: M F	(City, State, Zip Code)	
Occupation:		(Telephone Number)	
Your Patient ID Number (optional):		Health Care Provider Full Name:	
Your Specimen ID Number (optional):		Study: VI FLU SURV	Bill To: (WSLH Account # 74201)

Specimen Information

Date Collected:	Specimen Type: <input type="checkbox"/> Other _____ <input type="checkbox"/> Throat Swab <input type="checkbox"/> Nasopharynx Swab <input type="checkbox"/> Combined Throat/Nasopharynx Swab
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Symptoms

Date of Onset:		
General	Respiratory	Digestive
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Arthralgia	<input type="checkbox"/> Ear Pain	<input type="checkbox"/> Nausea / Vomiting
<input type="checkbox"/> Fever	<input type="checkbox"/> Nasal Congestion	CNS
<input type="checkbox"/> Headache	<input type="checkbox"/> Nasal Discharge	<input type="checkbox"/> Encephalopathy
<input type="checkbox"/> Lymphadenopathy	<input type="checkbox"/> Pharyngitis	<input type="checkbox"/> Delirium
<input type="checkbox"/> Malaise	<input type="checkbox"/> Hoarseness	<input type="checkbox"/> Meningismus
<input type="checkbox"/> Myalgia	<input type="checkbox"/> Cough (<i>circle one</i>) <u>productive / nonproductive / barking</u>	
<input type="checkbox"/> Photophobia	<input type="checkbox"/> Crackles	
<input type="checkbox"/> Rash	<input type="checkbox"/> Dyspnea	
<input type="checkbox"/> Mouth Lesions	<input type="checkbox"/> Wheeze	
	<input type="checkbox"/> Pneumonia	

Vaccination History (Influenza): Was patient vaccinated? ☐ Yes ☐ No ☐ Unknown

If Yes, Date Vaccinated: / /

Travel History (Places and dates):

Was patient hospitalized? ☐ Yes ☐ No ☐ Unknown

If Yes, where: _____

WISCONSIN STATE LABORATORY OF HYGIENE USE ONLY

WSLH Test Code: 1511